

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street)

10455 Mill Run Circle

☐Check if different  
than previously  
reported. (ACC)

Owings Mill

MD

21117

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00286922

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jeanne Kennedy

Signature of Treasurer

Electronically Filed by Jeanne Kennedy

Date

01

29

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		4490.28
(b) Cash on Hand at Beginning of Reporting Period .....	8284.68	
(c) Total Receipts (from Line 19) .....	11205.40	17499.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	19490.08	21990.08
7. Total Disbursements (from Line 31) .....	2010.00	4510.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17480.08	17480.08
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5028.00	6692.00
(i) Itemized (use Schedule A) .....	6167.40	10797.80
(ii) Unitemized .....	11195.40	17489.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤		
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	11195.40	17489.80
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	10.00	10.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11205.40	17499.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11205.40	17499.80

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	510.00	510.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2010.00	4510.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2010.00	4510.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11195.40	17489.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11195.40	17489.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregory A Devou

Mailing Address 3132 River Valley Chase

City

West Friendship

State

MD

Zip Code

21794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP &amp; CHIEF MARKETING OFFR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: 20864110

Amount of Each Receipt this Period

16.00

**B.**

Full Name (Last, First, Middle Initial)

David D Wolf

Mailing Address 2337-1 Boston St

City

Baltimore

State

MD

Zip Code

21224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP, MEDICAL SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: 20864114

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

John A Picciotto

Mailing Address 704 Sussex Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP &amp; GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: 20864116

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

56.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City

Pikesville

State

MD

Zip Code

21208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20864122

Amount of Each Receipt this Period

16.00

**B.**

Full Name (Last, First, Middle Initial)

Sharon J Vecchioni

Mailing Address 13003 Jerome Jay Drive

City

Hunt Valley

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP, CHIEF OF STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20864160

Amount of Each Receipt this Period

16.00

**C.**

Full Name (Last, First, Middle Initial)

Gregory M Chaney

Mailing Address 16 Fox Creek Court

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP, CFO & TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 7

Transaction ID: 20864162

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

52.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Leon Kaplan

Mailing Address 13033 Jerome Jay Dr

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP, OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: 20864210

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ralph J. Rohner

Mailing Address 10909 Forestgate Place

City

Glenn Dale

State

MD

Zip Code

20769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	0	7

Transaction ID: 21574161

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J Huber

Mailing Address 6148 Franconia Sta.  
Ln.

City

Alexandria

State

VA

Zip Code

22310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Hosp & Med Svcs,  
Inc

Occupation

VP, UNDERWRITING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	7

Transaction ID: 21645295

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional) .....

580.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregory A Devou

Mailing Address 3132 River Valley Chase

City

West Friendship

State

MD

Zip Code

21794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP & CHIEF MARKETING OFFR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262109712876

Amount of Each Receipt this Period

192.00

P/R Deduction (\$16.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Michael J Felber

Mailing Address 14 Lochmoor Court

City

Timonium

State

MD

Zip Code

21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

SVP, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262109812876

Amount of Each Receipt this Period

168.00

P/R Deduction (\$14.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

David D Wolf

Mailing Address 2337-1 Boston St

City

Baltimore

State

MD

Zip Code

21224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP, MEDICAL SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262110112876

Amount of Each Receipt this Period

240.00

P/R Deduction (\$20.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

John A Picciotto

Mailing Address 704 Sussex Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP & GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262110212876

Amount of Each Receipt this Period

240.00

P/R Deduction (\$20.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Rita A Costello

Mailing Address 1911 Corbridge Lane

City

Monkton

State

MD

Zip Code

21111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

SVP, STRATEGIC MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262117312876

Amount of Each Receipt this Period

144.00

P/R Deduction (\$12.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Julie S Hatton

Mailing Address 220 Princeton Lane

City

Bel Air

State

MD

Zip Code

21014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

DIRECTOR, GOV'T AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262120212876

Amount of Each Receipt this Period

96.00

P/R Deduction (\$8.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City

Pikesville

State

MD

Zip Code

21208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262121112876

Amount of Each Receipt this Period

200.00

P/R Deduction (\$16.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

C. shekar Subramaniam

Mailing Address 9601 Eagle Court

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP, BROKER SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262131112876

Amount of Each Receipt this Period

120.00

P/R Deduction (\$10.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Donna L Potter

Mailing Address 2802 Artemus Ct.

City

Baldwin

State

MD

Zip Code

21013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

DIRECTOR, REAL ESTATE & FACILI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262138312876

Amount of Each Receipt this Period

96.00

P/R Deduction (\$8.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

416.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeanne A Kennedy

Mailing Address 4915 Bramhope Lane

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

VP, TREASURY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262149012876

Amount of Each Receipt this Period

96.00

P/R Deduction (\$8.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Steven J Sanders

Mailing Address 8495 Kings Meade Way

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

MEMBER, SR TECHNICAL STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262155612876

Amount of Each Receipt this Period

96.00

P/R Deduction (\$8.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

William V Stack

Mailing Address 9 Farm Ridge Court

City

Baldwin

State

MD

Zip Code

21013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

VP, CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262156112876

Amount of Each Receipt this Period

120.00

P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

312.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Livio R Broccolino

Mailing Address 713 East Seminary Ave

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

VP & DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262208112876

Amount of Each Receipt this Period

110.00

P/R Deduction (\$8.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Sharon J Vecchioni

Mailing Address 13003 Jerome Jay Drive

City

Hunt Valley

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP, CHIEF OF STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262209912876

Amount of Each Receipt this Period

192.00

P/R Deduction (\$16.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Gregory M Chaney

Mailing Address 16 Fox Creek Court

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP, CFO & TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262210212876

Amount of Each Receipt this Period

240.00

P/R Deduction (\$20.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

542.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Michelle J Wright

Mailing Address 511 Forest Lane

City

Baltimore

State

MD

Zip Code

21228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP, STAFF SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262215512876

Amount of Each Receipt this Period

96.00

P/R Deduction (\$8.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

William F Casey

Mailing Address 1678 Campbell Road

City

Forest Hill

State

MD

Zip Code

21050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

COUNSEL, ASSISTANT GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262241512876

Amount of Each Receipt this Period

96.00

P/R Deduction (\$0.00 )

**C.**

Full Name (Last, First, Middle Initial)

Booker T Carter

Mailing Address 16905 Federal Hill Court

City

Bowie

State

MD

Zip Code

20716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

VP, CLAIMS & DC OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262255412876

Amount of Each Receipt this Period

168.00

P/R Deduction (\$14.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Winston Wong

Mailing Address 1998 Conan Doyle Way

City

Eldersburg

State

MD

Zip Code

21784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP, PHARMACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262303712876

Amount of Each Receipt this Period

120.00

P/R Deduction (\$10.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Gary A Colangelo

Mailing Address 8802 Woodland Drive

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

DIRECTOR, DENTAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262358512876

Amount of Each Receipt this Period

96.00

P/R Deduction (\$8.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

David W Karsten

Mailing Address 3613 Thornapple Street

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Hosp & Med Svcs,  
Inc

Occupation

AVP, MANAGEMENT ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262389012876

Amount of Each Receipt this Period

96.00

P/R Deduction (\$8.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

312.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael B Edwards

Mailing Address 14236 Bradshaw Drive

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Hosp & Med Svcs,  
Inc

Occupation

SVP, NETWORKS MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262403012876

Amount of Each Receipt this Period

140.00

P/R Deduction (\$10.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Robert M Thomas

Mailing Address 1740 T St.  
Apt. #3

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Hosp & Med Svcs,  
Inc

Occupation

DIRECTOR, MEDICAL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262452012876

Amount of Each Receipt this Period

96.00

P/R Deduction (\$8.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Gwendolyn D Skillern

Mailing Address 9925 Middle Mill Dr.

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

SVP, AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262714612876

Amount of Each Receipt this Period

154.00

P/R Deduction (\$12.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Leon Kaplan

Mailing Address 13033 Jerome Jay Dr

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP, OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262751412876

Amount of Each Receipt this Period

240.00

P/R Deduction (\$20.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Stacey R Breidenstein

Mailing Address 1717 Boggs Rd

City

Forest Hill

State

MD

Zip Code

21050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP, PROV CONTRACTING&INST REL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262762612876

Amount of Each Receipt this Period

96.00

P/R Deduction (\$8.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Edward W O'neil

Mailing Address 4324 Roland Ave

City

Baltimore

State

FL

Zip Code

21210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

SVP & CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262803112876

Amount of Each Receipt this Period

168.00

P/R Deduction (\$14.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

504.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph G Rampone

Mailing Address 6 Canterbury Court

City

Mendham

State

NJ

Zip Code

7945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

SVP, OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262953412876

Amount of Each Receipt this Period

168.00

P/R Deduction (\$14.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Dennis A Cupido

Mailing Address 281 Hancock Avenue

City

Bridgewater

State

NJ

Zip Code

8807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

VP, OPERATIONS SUPPORT SERV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1263250512876

Amount of Each Receipt this Period

136.00

P/R Deduction (\$10.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Garry L Davis

Mailing Address 19302 Falls Rd.

City

Hampstead

State

MD

Zip Code

21074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

DIRECTOR, SYSTEMS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1263256712876

Amount of Each Receipt this Period

120.00

P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

424.00

**TOTAL** This Period (last page this line number only) .....

5028.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Dutch Ruppersberger for Congress

Mailing Address 499 South Capitol Street SW Suite

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
RUPPERSBERGER

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 02

Transaction ID: 21010862

Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Hoyer for Congress Committee

Mailing Address 7905 Malcolm Road  
Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Steny Hoyer

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

2008 US GENERAL ELEC

Transaction ID: 21632821

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

1500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Muriel Bowserfor Ward 4 2008

Mailing Address P.O. Box 60474

City  
Washington

State  
DC

Zip Code  
20039

Purpose of Disbursement  
Muriel Bowser, COUNCIL WARD 4th DC

Candidate Name  
Muriel Bowser

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 22543133

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2007

Amount of Each Disbursement this Period

500.00

Muriel Bowser, COUNCIL WA-  
RD 4th DC

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

500.00